

Health Department, City of Baltimore.

Permit No. 99180

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles N Manuel

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1 Years,

11

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

No 224 N Regester st

Cause of Death,

{ First (Primary),

Second (Immediate),

Bronchitis

Duration of Last Sickness,

14 Months

All the above information should be furnished by the Physician.

Place of Burial,

Asbury Evergreen Cem

Date of Burial,

April 12th 1887

Undertaker,

Wendy L Dorrel

Place of Business,

West st

Address,

Camp No 4A

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry M McKewen Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99181 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,Apr 11 87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Jotzauer

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

20

Years,

Months,

Days

Color,

W.

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Turner in metal

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give Street and Number.

9 Pine

Cause of Death,

First (Primary),

Typhoid Fever

Second (Immediate),

Aschemia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Car

Date of Burial,

April 13 1887

Undertaker,

C. F. Krause & Son

Place of Business,

703 Hanover

F. C. Chatard Jr

M. D.

Medical Attendant.

516 Park Ave

Address,

516 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99182 Office of Registrar of Vital Statistics. Ward 16²/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gerusha. O. Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } old No. 58 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia & Meningitis
Spasm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, April 12th 1887

Undertaker, Dennis Mitchell

Place of Business, 550 N. Fayette St Address, 610 S. Paca St.

C. L. Buddenboorn M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1887 at 3.20 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Carr

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 72 Years, — Months, — Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 240 Columbia Avenue

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) —

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, April 14th 1887

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette St

C. C. Richardson M. D.
Medical Attendant.

Address, 1622 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 1918

Office of Registrar of Vital Statistics.

Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1887

Full Name of Deceased, Emeline Cherry
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female, { Cross out the word not required in this line. }

Age, 76 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Virginia
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 years -

Place of Death, 730 N Broadway
{ Give Street and Number. }

Cause of Death, Acute Bronchitis
Heart Disease
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Romney Hampshire Co West Virginia

Date of Burial, April 9th at 4 A.M.

Undertaker, George Schilling

Place of Business, Abland Square

Mr. L. Russell M. D.
 Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99185

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Bohlin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 521 Gross St

Cause of Death, { First (Primary), Second (Immediate), } Consumption & Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St. Marys

Date of Burial, April 13th 1887

Undertaker, Benard Hall

Place of Business, 115 West St

G. T. Wiley M. D.
Medical Attendant.

Address, 406 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1887
Full Name of Deceased, Arthur J. Smith
Sex, Male or Female, Male
Age, 1 Years, 1 Months, Days.
Color, white
Married, Single, Widow or Widower, Single
Occupation,
Birth Place, Balto
Duration of Residence in the City of Baltimore, All his life
Place of Death, 690 Light St
Cause of Death, Diphtheria
Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 12 April 1887

Undertaker, Bernard Warle

Place of Business, 115 West St

Thos. B. D. M. D.
Medical Attendant.
Address, 578 N. E. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99187 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th, 1887.
Full Name of Deceased, Margaret O'Shaughnessy
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Female
{ Cross out the word not required in this line. }
Age, 69 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }
Occupation, None
Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 34 years
Place of Death, 1700 Gough St
{ Give Street and Number. }
Cause of Death, Pneumonia
{ First (Primary), Second (Immediate). }
Duration of Last Sickness, One week
All the above information should be furnished by the Physician.
Place of Burial, St. Patrick's
Date of Burial, April 13th 1887
Undertaker, W. Clark Medical Attendant, _____ M. D.
Place of Business, Gr S. A. Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *99188*

Office of Registrar of Vital Statistics.

Ward *72*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 11th 1887*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Schaback.*
Sex, *Male* or Female, { Cross out the word not required in this line. }
Age, *33* Years, Months, Days.

Color, *White*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *17* years.

Place of Death, { Give Street and Number. } *1624 Barnes St.*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption.*

Duration of Last Sickness, *about 9 months.*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Co*

Date of Burial, *April 13 / 87*

{ Undertaker, *Frank Cook* } *John D. White - M. D.*

Medical Attendant.

{ Place of Business, *827 N. Ourham St.* } Address, *1039 N. Broadway.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99189 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Doud

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 20 Years, 3 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Express Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 958 N. Washington St.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption
Exhaustion

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 12, 1887

Undertaker, Henry W. G. G. G. Medical Attendant, W. J. Dennis M. D.

Place of Business, 200 N. Central Ave. Address, 804 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]